|  | $\Delta$  |   |                |                      |                              |                                      |            | 0                                  |                              |             |                     |                        |  |
|--|---|---|----------------|----------------------|------------------------------|--------------------------------------|------------|------------------------------------|------------------------------|-------------|---------------------|------------------------|--|
|  |   |   |                |                      |                              |                                      |            | TA                                 | Application or Docket Number |             |                     |                        |  |
| PATENT APPLICATION FEE DETERMINATION RECOR                               |   |   |                |                      |                              |                                      | RD         | <b>)</b>                           |                              |             |                     |                        |  |
| Effective October 1, 2001  |   |   |                |                      |                              |                                      |            | M978037                            |                              |             |                     |                        |  |
| CLAIMS AS FILED - PART I  - (Column 1) (Column 2)                        |   |   |                |                      |                              |                                      | _          | SMALL ENTITY                       |                              |             | OTHER THAN          |                        |  |
| ТО   | TAL CLAIMS  |   | (Column 1)     |                      |                              | iun 2)                               |            | TYPE   FI                          |                              |             |                     | FEE                    |  |
| FOR  |   |   | NUMBER FILED   |                      | NUMBER EXTRA                 |                                      | L          | BASIC FEE 370                      |                              |             | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 18 minus 20=   |                      | . 6                          |                                      | F          |                                    | 070.00                       | OR          |                     |                        |  |
|  |   |   |                |                      |                              |                                      | -          | X\$ 9=                             |                              | OR          | X\$18=              |                        |  |
| INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR                           |   |   | 12 minus 3 = 9 |                      |                              | <del></del>                          | X42=       |                                    |                              | OR          | X84=`               | 756                    |  |
| MU   | LIPLE VEPEN   | DENI CUAIM PT   | (ESENI         |                      |                              |                                      |            | +140=                              |                              | OR          | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                |                      |                              |                                      | -          | TOTAL                              |                              | OR          | TOTAL               | 1496                   |  |
| CLAIMS AS AMENDED - PART II OTHER TO                                     |   |   |                |                      |                              |                                      |            |                                    |                              |             |                     |                        |  |
| _  | <i>x4-00</i>  | (Column 1)<br>CLAIMS  |                | (Colu                |                              | (Column 3)                           | , <u> </u> | SMALL                              | ADDI-                        | or<br>I i   | SMALL               | ADDI-                  |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT                                 |                | NUM<br>PREVI<br>PAID | OUSLY                        | PRESENT<br>EXTRA                     |            | RATE                               | TIONAL<br>FEE                |             | RATE                | TIONAL<br>FEE          |  |
| Ž<br>Q   | Total   | · 15  | Minus          | <b>-</b> 2           | (1)                          | - Ø                                  |            | X\$ 9=                             |                              | OR          | X\$18=              |                        |  |
| ME   | Independent   | • 10  | Minus          | ***                  | 12                           | -/)                                  |            | X42=                               |                              | OR          | X84=                |                        |  |
| Ľ  | FIRST PRESE   | NTATION OF MU   | JLTIPLE DEP    | ENDEN                | TCLAIM                       |                                      | ۱ <u>۱</u> | +140=.                             |                              | OR          | +280=               |                        |  |
|  |   |   |                |                      |                              |                                      | L          | TOTAL                              |                              | OR          | TOTAL<br>ADDIT, FEE |                        |  |
| % / 0 6 (Column 1) (Column 2) (Column 3)                                 |   |   |                |                      |                              |                                      |            | DOIT, FEE                          |                              |             | AUUII. PEE          |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING .<br>AFTER<br>AMENDMENT                     |                | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |            | RATE                               | ADDI-<br>TIONAL<br>FEE       |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | • ()  | Minus          | -2                   | 0                            |                                      |            | X\$ 9=                             |                              | OR          | X\$18=              |                        |  |
| AME  | Independent + 3 Minus FIRST PRESENTATION OF MULTIPLE DEF                              |   |                | endent claim         |                              |                                      | $\{ [ ]$   | X42=                               |                              | OR          | X84=                | •                      |  |
| _  |   |   |                |                      |                              |                                      |            | +140=                              |                              | OR          | +280=               |                        |  |
|  |   |   |                |                      |                              |                                      |            | TOTAL<br>DOIT. FEE                 |                              | OR          | TOTAL<br>ADDIT, FEE |                        |  |
|  |   | (Column 1)  |                | (Colu                | (Column 3)                   |                                      |            |                                    |                              | •           |                     |                        |  |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT                                |                | NUA<br>PREVI         | HEST<br>ABER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |            | RATE                               | ADDI-<br>TIONAL<br>FEE       |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus          | •                    |                              | -                                    | 1 F        | X\$ 9=                             | 1 5.45                       | OR          | X\$18=              |                        |  |
|  | independent   | •   | Minus          | ***                  |                              | <b>8</b> -                           | ] <b> </b> | X42=                               |                              | OR          | X84=                |                        |  |
| ۲  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |                      |                              |                                      |            | +140=                              |                              |             |                     |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                |                      |                              |                                      |            |                                    |                              | OR          | +280=               |                        |  |
| *  | If the "Highest Nu<br>If the "Highest Nu  | mber Previously Pr<br>mber Previously Pa<br>mber Previously Pal | aid For IN THE | S SPACE<br>S SPACE   | is less the                  | in 20, enter "20<br>in 3. enter "3." | ~          | YOTAL<br>DOIT, FEE<br>od in the ap | L                            | OR<br>  h a | ADDIT. FEE          |                        |  |